

MODEL STANDING ORDERS

Inactivated Poliomyelitis Vaccine (IPV)

These model standing orders are current as of April 2004. They should be reviewed carefully against the most current recommendations and may be revised by the clinician signing them.

Due to continued success of worldwide efforts to eradicate poliovirus and in the interest of eliminating completely the occurrence of vaccine-associated paralytic polio (VAPP), the Advisory Committee on Immunization Practices (ACIP) has recommended an all-IPV immunization schedule, effective January 1, 2000. Oral polio vaccine (OPV) is no longer available in the U.S.

IPV is indicated for:

Children: All infants ≥ 6 weeks of age, and any unvaccinated children through 18 years of age. (For children, adequate proof of immunity to poliovirus is defined as: Documentation of receipt of ≥ 4 doses of polio vaccine with a minimum interval of 4 weeks between doses; only 3 doses are needed when the 3rd dose is given on or after the 4th birthday.)

Adults: Vaccination is recommended for certain adults (≥ 18 years of age) who are at greater risk for exposure to poliovirus than the general population. These persons include:

- Travelers to areas or countries where poliomyelitis is or may be epidemic or endemic;
- Members of communities or specific population groups with disease caused by polioviruses;
- Laboratory workers who handle specimen that might contain polioviruses;
- Healthcare workers who have close contact with patients who might be excreting polioviruses.
- Adequate proof of immunity for adults: Documentation of receipt of ≥ 3 doses of polio vaccine with a minimum interval of 4 weeks between doses with documentation of ≥ 1 booster dose.

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions.
2. Screen for contraindications according to Table 1.

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3. Administer IPV 0.5 ml subcutaneously (SC) in the anterolateral aspect of the thigh or the upper outer triceps area by injecting the needle at a 45° angle in a pinched-up fold of skin and SC tissue. Use a 5/8- to 3/4-inch, 23- to 25-gauge needle. Follow the recommended schedule (tables 2 – 3). **Always check the package insert prior to administration of any vaccine.**
4. Administer IPV simultaneously with all other vaccines indicated, according to the recommended schedule and patient's vaccine status.
5. If possible, observe patient for an allergic reaction for 15 – 20 minutes after administering vaccine.
6. Facilities and personnel should be available for treating immediate hypersensitivity reactions.
7. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967, or via the VAERS website: www.vaers.org.
8. Please see the MIP document, *General Protocols for Standing Orders*, for further recommendations and requirements regarding vaccine administration, documentation, and consent.

Table 1. Contraindications and Precautions to IPV

Valid Contraindications to IPV	Invalid Contraindications (IPV should be administered)
Anaphylactic reaction to previous dose of IPV, streptomycin, polymyxin B, neomycin, or to any other component of the vaccine (see package insert for specific components)	Mild illness with or without low-grade fever
	Local reaction to a previous dose of IPV
	Non-anaphylactic allergy to any component of the vaccine
Precautions to IPV: <ul style="list-style-type: none"> • Moderate or severe illness with or without fever (temporary precaution) • Pregnancy in recipient¹ 	Diarrhea
	Breast feeding
	Current antimicrobial therapy

¹ IPV can be administered to pregnant women who are at risk of exposure to wild-type poliovirus infection.

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Table 2. Recommended All-IPV Schedule

Dose	Recommended Age	Accelerated Schedule
1	2 months	6 weeks or older
2	4 months	≥ 4 weeks after 1st dose
3 ¹	6 - 18 months	≥ 4 weeks after 2nd dose, but 8 weeks is preferred
4 ²	4 - 6 years	At 4-6 years, and ≥ 4 weeks after 3rd dose, but ≥ 6 months is preferred

¹ If age ≥ 7 years: A total of only 3 doses are needed to complete the primary series.

² If age < 7 years: A total of 4 doses are needed to complete the primary series, unless the 3rd dose was administered after the 4th birthday, in which case a 4th dose (booster) is not needed.

Table 3. Accelerated IPV Schedule for Those Who Are Incompletely Immunized and at Risk of Imminent Exposure^{1,2}

Time Before Protection is Needed	Number of Doses	Interval Between Doses
≥ 8 weeks	3	≥ 4 weeks apart
4 – 7 weeks	2	≥ 4 weeks apart
< 4 weeks	1	

¹ The 1st dose may be administered as early as 6 weeks of age.

² An individual who has completed the primary series and received at least 1 booster dose does **not** need to receive another dose.

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References:

ACOG (American College of Obstetricians and Gynecologists). Immunization During Pregnancy. ACOG Committee Opinion No. 282, January 2003.

American Academy of Pediatrics. Active and Passive Immunization. Immunization in Special Clinical Circumstances. Poliovirus Infections. Standards for Child and Adolescent Immunization Practices (Appendix II). In: Pickering LK, ed. *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003: 7-53, 53-66, 66-93, 505-510, 795-798.

CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP). MMWR 2002; 51 (No. RR-2):1-35.

CDC. Guide to contraindications to vaccines. U.S. Department of Health & Human Services, September 2003.

CDC. Poliomyelitis prevention in the United States: updated recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000;49(No. RR-5):23.

CDC. Recommended adult immunization schedule – United States, 2003-2004. MMWR 2003;52:965-969.

CDC. Update: vaccine side effects, adverse reactions, contraindications, and precautions - recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1996;45;(No. RR-12):10-22.

CDC. Recommended childhood and adolescent immunization schedule - United States, Jan – June 2004. MMWR 2004;53:Q1-Q4.

National Vaccine Advisory Committee. Standards for child and adolescent immunization practices. Pediatrics 2003;112:958-963.

Poland GA, Shefer AM, McCauley M, Webster, PS, Whitley-Williams PN, Peter G, and the National Advisory Committee. Standards for adult immunization practices. Am J Prev Med 2003;25:144-150.

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